

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/519880

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing	1	12/30/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	9 <u>23--0650</u>	
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>J. Johnson</u>		TITLE: <u>paralegal</u>		
SIGNATURE: <u>R. Johnson</u>		PHONE: <u>308-9140</u>		
OFFICE: <u>PCT</u>		*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B